2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P96000001053 1. Entity Name TRADESMAN FABRICATORS INC. Principal Place of Business Mailing Address 6843 NORTH CITRUS AVENUE UNIT P 4802 RIVERSIDE DRIVE YANKEETOWN FL 34498 CRYSTAL RIVER FL 34428 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3370560 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, STEVEN F 4802 RIVERSIDE DR. Street Address (P.O. Box Number is Not Acceptable) YANKEETOWN FL 34498 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ToTLE ☐ Change ☐ Addition MOORE, STEVEN F NAME NAME UN0000341756 04/29/05-80027-016 158.75 STREET ADDRESS 4802 RIVERSIDE DRIVE STREET ADDRESS CITY - ST - ZIP YANKEETOWN FL 34498 CITY-ST-ZIP THILE VP Delete TITLE ☐ Change ☐ Addition NAME MOORE, NANCY A STREET ADDRESS 4802 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP YANKEETOWN FL 34498 DITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII E Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE Delete TITLE Change Addiffi NAME NAME STREET ADDRESS SURFEL ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-70

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #